MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7						
8						
9						
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16						
17						
18	1					
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27	1					
28	1					
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32						
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35						
36						
37						
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	16					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						